FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 328281 (1)

1. Corporation Name

STUMP'S DEPARTMENT STORE, INC.

Principal Place of Business
345 W MADISON
~~1371 S. WALNUT ST~~
~~P. O. DRAWER 700~~
STARKE FL 32091

Mailing Address
~~1371 S. WALNUT ST~~
P. O. DRAWER 700
STARKE FL 32091

3. Date Incorporated or Qualified: 04/01/1968
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 345 W Madison
22 Suite, Apt. #, etc.: Star
23 City & State: Starke FL
24 Zip: 32091
25 Country: USA

2a. Mailing Address
26: P.O. Drawer 700
27 Suite, Apt. #, etc.:
28 City & State: Starke, FL
29 Zip: 32091
30 Country: USA

4. FEI Number: 59-1205977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOMACK, JAMES L.
~~1371 S. WALNUT ST~~
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name: Womack, James L
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 700
83: HC1 Box 109 Hampton FL 32044
84 City: Starke FL 85 Zip Code: 32091

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and if applicable the officer role of that agent

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WOMACK, JAMES L.	
STREET ADDRESS	1371 S. WALNUT ST	
CITY-ST-ZIP	STARKE FL	
TITLE	STD	☐ DELETE
NAME	WOMACK, EVELYN T.	
STREET ADDRESS	1371 S. WALNUT ST	
CITY-ST-ZIP	STARKE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Womack, James L	☐ Change ☐ Addition
12 NAME	P.O. Drawer 700	N/A
13 STREET ADDRESS	Starke, FL	
14 CITY-ST-ZIP		
21 TITLE	Womack, Evelyn	☐ Change ☐ Addition
22 NAME	P.O. Drawer 700	~~345 W Madison~~
23 STREET ADDRESS	Starke, FL 32091	N/A
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME	000001865780	
63 STREET ADDRESS	-06/18/96--01132--005	6/17
64 CITY-ST-ZIP	***225.00	JZ

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Womack See Attached 5/16/96 904-964-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #